



Authorization for Direct Deposit of Payroll



Emp Name _____ Emp Number _____ Company _____

I authorize Jordano's Inc and all subsidiary Companies to remit my net pay to my account at the institution indicated below and further authorize Jordano's to initiate a withdrawal from the account to adjust for deposit entries made in error.

- | | |
|--|---|
| <input type="checkbox"/> Start Direct Deposit | <input type="checkbox"/> Add Additional Account |
| <input type="checkbox"/> Stop Direct Deposit | <input type="checkbox"/> Change Deposit Amount |

Account that you want to receive your net pay (less money allocated to other accounts).

Name of Bank or Financial Institution	Bank Routing Transit/ABA Number (leave blank if unknown)	Account Number	Checking or Savings	Amount \$\$ or %

Optional: Additional accounts that you would like to have money deposited into in order of priority.

Name of Bank or Financial Institution	Bank Routing Transit/ABA Number (leave blank if not known)	Account Number	C or S	Amount \$\$ or %

This authorization is to remain in full force and effect until revoked via written request.

You must attach a copy of a voided check, deposit slip or Financial Institution letter for each account on this form.

Reconciliation of Underpayment or Overpayment

If for any reason an error results in an overpayment or an underpayment to you account, Payroll will notify you as promptly as possible. If you discover an error before being notified we will appreciate your advising Payroll Personnel as soon as you can.

Discontinuation of Direct Deposit or if you close your Bank Account

To discontinue Direct Deposit or close your bank account, you must notify Payroll no later then the Monday prior to Payday.

Employee Signature _____ Date _____